



# APLE

## 2001-2002 APPLICATION

**TO BE COMPLETED BY THE APPLICANT (Please print or type)**

1. Last Name		First Name	Middle Initial	2. Social Security Number (SSN)	
3. Street Address		City		State	Zip Code
4. Date of Birth	5. Telephone Number	6. I am a U.S. Citizen or National		7. Cumulative GPA	8. CBEST Score (if available)
/ /	( )	<input type="checkbox"/> Yes <input type="checkbox"/> No (Enclose evidence from the U.S. Immigration and Naturalization Service that you are an eligible noncitizen.)		.	

9. I am currently receiving one or more of the following Cal Grants:      A ☐      B ☐      C ☐      T ☐

10. College units I have completed:      Undergraduate units: \_\_\_\_\_ sem/qtr      Graduate units: \_\_\_\_\_ sem/qtr

11. I currently hold or expect to receive the following credential(s):

<input type="checkbox"/> (1) Preliminary*	Date received or expected: _____
<input type="checkbox"/> (2) Clear*	Date received or expected: _____
<input type="checkbox"/> (3) Specialist in _____	Date received or expected: _____
<input type="checkbox"/> (4) Supplemental Authorization in _____	Date received or expected: _____
<input type="checkbox"/> (5) Internship Credential	Date received or expected: _____
<input type="checkbox"/> (6) Emergency	Date received or expected: _____
<input type="checkbox"/> (7) Other: _____	Date received or expected: _____

\*Applicants currently holding these credentials must be pursuing a specialist credential in either Special Education or Reading.

12. I intend to initially obtain the following type(s) of teaching credential and authorization:

<input type="checkbox"/> (1) Single Subject in _____	<input type="checkbox"/> (4) Multiple Subject
<input type="checkbox"/> (2) Specialist Credential in _____	<input type="checkbox"/> (5) Bilingual Certification
<input type="checkbox"/> (3) Other: _____	

13. I intend to provide teaching service in the following area - (Check only one):

<input type="checkbox"/> (1) Mathematics (grades 7-12)	<input type="checkbox"/> (6) Designated Low-Income School	<input type="checkbox"/> (9) Schools with a High Percentage of Emergency Permit Teachers
<input type="checkbox"/> (2) Science (Life/Physical) (grades 7-12)	<input type="checkbox"/> (7) Schools Serving Rural Areas	<input type="checkbox"/> (10) Low-Performing Schools
<input type="checkbox"/> (3) Foreign Language	<input type="checkbox"/> (8) State Special Schools	
<input type="checkbox"/> (4) Special Education		

Note: The teaching area you indicate on this application cannot be changed at a later date without the approval of the Commission

14. I currently hold the following educational loans (indicate the lender, type, and status of all your educational loans):

	Loan Type		Loan Status		Loan Balance	Lender/Service
	Subsidized	Unsubsidized	Good	Delinquent		
<input type="checkbox"/> Stafford	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Perkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____

15. My academic major in college is: \_\_\_\_\_

The following information is required for statistical purposes:

16. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	17. Age _____	18. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	19. My (and my spouse's, if applicable) adjusted gross income for 2000: \$ _____	20. I describe myself as one of the following: <input type="checkbox"/> (1) African American <input type="checkbox"/> (5) Asian American <input type="checkbox"/> (2) Latino, Chicano <input type="checkbox"/> (6) Native American <input type="checkbox"/> (3) Filipino <input type="checkbox"/> (7) White <input type="checkbox"/> (4) Pacific Islander <input type="checkbox"/> (8) Other
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**Please turn to the back of the application to continue  
then return to your APLE Program Coordinator for submission.**

**By my signature I understand and agree that:**

- I do not hold an initial teaching credential unless I am pursuing a Special Education or Reading Specialist credential.
- **My application must be submitted to the APLE Coordinator at my educational institution by the deadline they have established.**
- I must have received, or have approval to receive, an eligible educational loan.
- I must have completed at least sixty (60) semester or ninety (90) quarter units of postsecondary education prior to the beginning of the fall term of the 2001-2002 academic year.
- I must be enrolled throughout the 2001-2002 academic year in coursework leading to a baccalaureate degree or in a professional teacher preparation program, unless I have completed my credential coursework prior to the end of the academic year.
- I must maintain half-time enrollment per term (as defined by my institution). If I fail to maintain half-time enrollment, I must request a waiver in writing.
- If I have designated special education OR reading as my teaching service area [see item #13 (4 or 5) of this application], I may not take a break in enrollment and I must maintain half-time enrollment while working towards the Specialist Credential.
- I must maintain satisfactory academic progress toward my credential objective.
- If I am selected as an APLE participant, I must sign a Loan Assumption Agreement to provide four consecutive years of qualifying teaching service in the area I've designated in item #13 of this application.
- I will comply with all student loan repayment obligations and continue making scheduled payments on student loan(s) until notified by my lender that the loan is paid in full.

I declare under penalty of the laws of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I am free of any obligation to repay any state or federal educational grant and I am not in default on any state or federally insured educational loan. I authorize the Commission to receive and to release my student records, information regarding this application, and other information I have provided concerning my application between institutions and appropriate public and private agencies.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY APPLICANT'S COLLEGE OFFICIAL**

1. The applicant's expected standing in college during the 2001-2002 fall term:  
☐ Junior ☐ Graduate - pursuing teacher certification  
☐ Senior ☐ Other (please specify) \_\_\_\_\_  
☐ Continuing undergraduate
2. Type of program the applicant will be enrolled in during the 2001-2002 academic year:  
☐ (1) An academic program leading to a baccalaureate degree.  
☐ (2) An academic program of professional teacher preparation (including an internship program which does not require a Commission on Teacher Credentialing (CTC) Internship Credential to teach).  
☐ (3) A district intern program.  
☐ (4) An internship program which requires a CTC Internship Credential to teach.
3. Date the applicant is expected to complete/completed training for:  
a preliminary or clear teaching credential: \_\_\_\_\_  
a specialist credential in special education: \_\_\_\_\_
4. Please indicate if the student has an outstanding educational loan in good standing: ☐ Yes ☐ No  
If so, please indicate loan type(s) and amount:  
\_\_\_\_\_ \$ \_\_\_\_\_

**By my signature, I hereby declare that the above information is true as is reflected on current official school records.**

\_\_\_\_\_  
(Signature of College Official)

\_\_\_\_\_  
(Date)

SCHOOL SEAL  
MUST BE  
AFFIXED

\_\_\_\_\_  
(Printed or Typed Name of Official)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Title of Official)

\_\_\_\_\_  
(School Name)

**State of California Information Practices Act (IPA) of 1977 & Use of Your SSN**

State as well as federal law protects the individuals right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The official's responsible for maintaining the information contained on this form is the Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.